

Sign up to get yours  
**TODAY**

**EZ REIMBURSE® MasterCard® Card Request**

If you wish to receive the EZ REIMBURSE® Card you must complete this form and return it to your Benefit Administrator, mail to P.O. Box 1878, Tallahassee, FL 32302-1878 or Fax to FBMC ATTN: Enrollment Processing at 850-514-5806.

Social Security #:

Name:

Home Address:

City:

State:

ZIP:

Daytime Phone:

Home Phone:

E-mail:

☐ Yes, I elect to take advantage of the EZ REIMBURSE® Card for the upcoming plan year. I have reviewed the information on the EZ REIMBURSE® Card and understand the implications of failure to abide by the rules governing card usage.

Signature:

Date:

Keep a copy of this form for your records.

**DEADLINE TO ENROLL:**

For open enrollment, Medical FRA participants have to return their EZ REIMBURSE® Card selections forms to FBMC no later than 6/1/07 to receive their EZ REIMBURSE® Cards by 7/1/07. New employees who enroll in the Medical FRA after 7/1/07 must elect to receive an EZ REIMBURSE® Card within 60 days following enrollment or wait until the next open enrollment.

Experience  
the Power

**EZ REIMBURSE®  
Card Support**

FBMC's Web site, [www.myFBMC.com](http://www.myFBMC.com), provides 24-hour access to key information – such as account balance, drugstore listings, claim information and plan year ending dates. Employees can also access FBMC's Interactive Voice Response System by calling 1-800-865-FBMC (3262).

**FBMC**  
*proven benefit solutions*

**Fringe Benefits Management Company**

P.O. Box 1878

Tallahassee, Florida 32302-1878

Customer Service: 1-800-342-8017

[www.myFBMC.com](http://www.myFBMC.com)

we've made  
**EZ** even simpler



Quality • Integrity • Longevity



# Reduce Expenses INCREASE CONVENIENCE

## Why do you need the card? It's simple: Convenience

You're already saving hundreds of dollars each year by enrolling in a Medical Expense FRA. The EZ REIMBURSE® MasterCard® Card makes accessing your funds simpler. No longer will you need to write checks at the doctor's office — just swipe the EZ REIMBURSE® card like you would a credit card. The card can also be used at drugstores for your prescription and Over-the-Counter (OTC) purchases.

You've already found a way to save with an FRA, now take it a step farther and enjoy the convenience of the EZ REIMBURSE® Card.

## Q&A QUESTIONS & ANSWERS

### What is the EZ REIMBURSE® MasterCard® Card?

The EZ REIMBURSE® Card can be used for expenses incurred by you or your eligible dependents. Simply swipe your card like you would with a credit card to pay for your eligible health care expenses. You may also swipe your EZ REIMBURSE® Card for prescription expenses at drugstores such as Walgreens, Wal-Mart, CVS, Rite Aid and in some cases mail order.

### How does the EZ REIMBURSE® Card work?

Simply swipe your card to pay for eligible health care expenses or prescription purchases. The card allows FBMC to electronically reimburse eligible expenses from your Medical Expense FRA, which is available to you at the beginning of your plan year.

### What are some other advantages of the card?

- You can use your EZ REIMBURSE® Card for eligible Over-the-Counter (OTC) expenses at drugstores like Walgreens, CVS and Rite Aid.
- Immediate access to your Medical Expense FRA funds.
- Instant approval of many medical, dental, vision and prescription expenses.
- There is no credit application. Every employee who elects to participate in an FRA is eligible to receive a card.

**NOTE:** Transactions will not be accepted at grocery or general merchandise stores. You cannot use your EZ REIMBURSE® Card for cosmetic dental expenses or eyeglass warranties.

### How can I track my account information?

As an FRA participant, you can visit our Web site, [www.myFBMC.com](http://www.myFBMC.com) to check your account status, review your balance and check on any possible outstanding EZ REIMBURSE® Card transactions that require documentation. You will also receive a monthly statement that will show all account activity.

### When do I send in documentation?

You must send in documentation for certain EZ REIMBURSE® Card transactions, such as those that are **not** a known office visit or prescription co-payment. When requested, you must send in documentation for these transactions. Documentation for an EZ REIMBURSE® Card expense is a statement or bill showing:

- name of the patient
- name of the service provider
- date of service
- type of service (including prescription name) and
- total amount of service.

This documentation must be sent with an **EZ REIMBURSE® Card Transmittal Sheet**.

**Please Note:** If you fail to send in the requested documentation for an EZ REIMBURSE® Card expense, you will be subject to:

- withholding of payment for an eligible paper claim to offset any outstanding EZ REIMBURSE® Card transaction
- suspension of your EZ REIMBURSE® Card privileges
- the reporting of any outstanding EZ REIMBURSE® Card transaction amounts as income on your W-2 at the end of the tax year.

### How can I sign up or get more information?

Check with your Benefit Administrator or call FBMC Customer Service at 1-800-342-8017 (Monday - Friday, 7 a.m. - 10 p.m. ET) or go to [www.myFBMC.com](http://www.myFBMC.com).

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[www.myFBMC.com](http://www.myFBMC.com) • 800.342.8017